

LAST NAME: _____ FIRST: _____ Department: _____
 YOUR SUPERVISOR(s): _____ ID#: _____

OFFICE USE ONLY

Pass Tests: Yes No Form Entered: _____ Key Personnel Notified: _____

CSULB COLLEGE OF NATURAL SCIENCES AND MATHEMATICS SAFETY PROGRAM FORM

DIRECTIONS: PLEASE ANSWER *EVERY QUESTION* ON THIS FORM. If you don't know the answer, ask your supervisor. TURN IN completed form to CNSM SAFETY OFFICE MIC-207.

1. What is your **JOB?** (**Circle**): Faculty, Staff, TA, GA, Student (UG or Grad), WS, SA, Research Asst/Assoc., Formal Volunteer, Guest

2. Ask your supervisor(s) if your work will require you to be involved with any of the following,

CHECK ALL THAT APPLY:

		CHECK HERE
a.	EQUIPMENT (carts, dollies, centrifuges, tools etc.)	
b.	RADIOACTIVE MATERIALS OR X-RAYS	
c.	HUMAN BODY FLUIDS or TISSUES	
d.	LASERS	
e.	LIVE ANIMALS FOR RESEARCH	
f.	BIOHAZARDOUS AGENTS (infectious bacteria, viruses etc.)	
g.	HAZARDOUS CHEMICALS	
h.	LIQUID NITROGEN or HELIUM	
i.	REGISTERED Cal/OSHA CARCINOGENS (see manual)	
j.	COMPRESSED GAS CYLINDERS	
k.	SCUBA DIVING/WATERCRAFT USE	
l.	ANY OTHER HAZARDOUS ACTIVITIES (describe)	

3. Did you have any **EXPERIENCE** with any of the above (a through l) before you were employed here?
 Please **list** by letter; for example: "a, f, g": _____

PARTICIPATION AGREEMENT

I have undergone CNSM General Safety Training and CNSM Safety Shower/Eyewash Training. I understand my rights and obligations as an employee, student, volunteer and/or supervisor under the provisions of the Cal/OSHA "Right-to-Know" hazard communication regulations. I agree to work at all times in complete accordance with all CNSM Safety policies and procedures, and to protect the health and safety of myself and those around me. I will not knowingly undertake a potentially hazardous task for which I have not been adequately trained. I am aware of the environmental, health and safety resources provided by the University, College and the Department, and will use them as necessary.

TRAINEE SIGNATURE: _____ **DATE:** _____

I certify that the above named individual has or will receive additional safety training related to specific hazards associated with research projects under my direction. Project work cannot be performed unless required training is provided and documented.

SUPERVISOR SIGNATURE: _____ **DATE:** _____